
Doctor Name:
Doctor Address:
Doctor Email.
Phone Number.

To Whom it may Concern;

_____ is my patient, and has been under my care since _____.

I am her primary care physician and am familiar with this patient's medical history and with the functional limitations imposed by the disability. She meets the definition of disability under the Americans with Disabilities Act, the Fair Housing Act, and the Rehabilitation Act of 1973.

_____ has a current medical condition which is worsened by exposure to cold, air conditioning, fans and to the elements. Your consideration in this matter is greatly appreciated. If you have any questions, please do not hesitate to contact me.

Sincerely,

Doctor
License #
Electronically signed or signed.
Date
